



STATE OF TENNESSEE  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
SUITE 400, NASHVILLE CITY CENTER  
511 UNION STREET

NASHVILLE, TENNESSEE 37219  
(615)741-2883

**MEMORANDUM**  
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TO: ALL INDUSTRIAL LOAN & THRIFT REGISTRANTS

FROM: Compliance Division

DATE: April 12, 2008

Your present Certificate of Registration, which authorizes you to conduct business as an Industrial Loan and Thrift Company, expires June 30, 2008. Please complete and return the enclosed ANNUAL INSPECTION FEE AND REGISTRATION FEE FOR INDUSTRIAL LOAN AND THRIFT APPLICANTS form and check for \$325 for each location.

THIS LICENSE MUST BE RENEWED ON OR BEFORE JUNE 1, 2008. However, to allow for processing of your renewal we strongly encourage each registrant to submit their renewal on or before May 15, 2008.

To satisfy the capital requirement of T.C.A. §45-5-201, you must attach a copy of a balance sheet as of December 31, 2007 (or later) and a statement of income and expenses. Failure to provide this information may result in the denial of your registration.

Please be advised that one of the following three items must accompany your renewal application:

- A continuation certificate for the current bond extending the expiration date to June 30, 2009.
- A new bond to replace the current bond with an expiration date of June 30, 2009,
- or
- A letter of credit with an expiration date of June 30, 2011.

No renewal will be accepted without a properly executed continuation, new bond or letter of credit.

**The Tennessee Industrial Loan and Thrift Annual Report form previously enclosed with the renewal form will follow under separate cover at a later date.**

All checks should be made payable to DEPARTMENT OF FINANCIAL INSTITUTIONS.

If you have any questions regarding the above matters, please contact our office at (615)741-3186.



\$325.00 FEE

STATE OF TENNESSEE  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
COMPLIANCE DIVISION

ANNUAL INSPECTION FEE AND REGISTRATION FEE FOR INDUSTRIAL LOAN AND THRIFT  
COMPANY APPLICANTS

To the Commissioner of Financial Institutions:

\_\_\_\_\_  
Name, address and daytime telephone number of contact person

I, \_\_\_\_\_  
Name & Title of Officer

\_\_\_\_\_  
Name & Address of Home Office

hereby certify upon oath that the said corporation, partnership, or individual, in payment of the Annual Inspection Fee and Registration Fee will lawfully and fairly operate as an industrial loan and thrift company in Tennessee at the following locations:

\_\_\_\_\_  
Name of Company or Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

Federal Tax Identification # \_\_\_\_\_

**Identify all parties owning over 5% interest in the applicant. (If a partnership, list each partner and their interest.)**

Has any stockholder, officer or employee ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain fully on a separate sheet.

No. Employees \_\_\_\_\_ No. Accounts \_\_\_\_\_ Accounts Rec. \$ \_\_\_\_\_

I certify that the tangible net worth of each office or place of business does now and will continue to exceed the \$25,000.00 minimum requirement of T. C. A. Section 45-5-201.

**ATTACH CURRENT ANNUAL FINANCIAL STATEMENT (BALANCE SHEET AND STATEMENT OF INCOME AND EXPENSE AT A MINIMUM)**

The sum of \$325.00 for the above named company in payment of fees required by T.C.A. Section 45-5-203 as amended, for the fiscal year July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_ is hereby tendered.

Subscribed and sworn to before me on

Witness my signature on this \_\_\_\_\_ day

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer, Partner, or Proprietor

\_\_\_\_\_  
Notary Public

**MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS**

MAIL TO: DEPARTMENT OF FINANCIAL INSTITUTIONS  
SUITE 400, NASHVILLE CITY CENTER  
511 UNION STREET  
NASHVILLE, TN 37219

Attachment A

NAME AND ADDRESS OF APPLICANT:

NAME OF BUSINESS

STREET ADDRESS CITY COUNTY STATE ZIP CODE

FEDERAL TAXPAYER ID NUMBER STATE WHERE ORGANIZED

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

HOME (MAIN) OFFICE: (LIST NAME, ADDRESS, TELEPHONE#)

ATTACH LIST OF OTHER OFFICE LOCATIONS AND IDENTIFY BY NAME AND ADDRESS ANY AFFILIATES DOING BUSINESS IN THE STATE OF TENNESSEE. IF NONE, SO STATE.

STATUS OF APPLICANT (Check appropriate box)

☐ An individual doing business under own name  
SSN \_\_\_\_\_  
Home Address \_\_\_\_\_

☐ An individual doing business under assumed  
or trade name  
SSN \_\_\_\_\_  
Home Address \_\_\_\_\_

☐ General Partnership

☐ Limited Partnership

☐ Limited Liability Company

☐ A corporation organized in TN

☐ A corporation organized in some  
other jurisdiction

☐ Other

Is applicant affiliated with any bank or bank holding company?  
and address: \_\_\_\_\_

If yes, identify by name

Is applicant affiliated with any other lending institution or company?  
names and addresses: \_\_\_\_\_

If yes, identify by

TYPE OF LENDING PERFORMED (check all that apply):

☐ Unsecured

☐ Secured  
Collateral:

☐ Personal Property

☐ Real Property

☐ Endorsement Company (Broker)

☐ Installment Sales Contracts